



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL

OMB Number: 3235-0076

Expires: April 30, 2008

Estimated average burden hours per response 16.00

SEC USE ONLY									
Prefix	Serial								
D.	RECEIVED								

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Offer and Sale of Partnership Interests in Excalibur Investment Partners Limited Liabilit	y Partnership, June 2005
Filing Under (Check box(es) that apply): Type of Filing: X New Filing Amendment Rule 504 Rule 505 X Rule 505	e 506 Section 4(6) ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer.	365 W 70 05 //
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Excalibur Investment Partners Limited Liability Partnership (f/k/a Excalibur Partners)	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
3 Barnabas Road, Marion, Massachusetts 02738	508-748-0800
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Numbετ (Including Area Code)//
(In different from Executive Offices)	
Brief Description of Business	
Investment in securities JUL 28 2005 E	
Type of Business Organization corporation limited partnership, already formed X other (pleating the partnership) is a comparable to the partnership of the partner	se specify): limited liability partnership
Actual or Estimated Date of Incorporation or Organization: Month Year 1 2 9 0	X Actual Estimated MA

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



A. BASIC IDENTIFICATION DATA										
2. Enter the information requested for the following:										
• Each promoter of the issuer, if the issuer has been organized within the past five years;										
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;										
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and										
Each general and managing partner of partnership issuers.										
Check Box(es) that Apply: X Promoter Beneficial Owner Executive Officer Director X General and/or										
Managing Partner										
Full Name (Last name first, if individual)										
Baldwin Brothers Inc.										
Business or Residence Address (Number and Street, City, State, Zip Code)										
3 Barnabas Road, Marion, Massachusetts 02738										
Check Box(es) that Apply:	Promoter	Beneficial Owner	X Executive Officer	Director	General and/or					
	_		_		Managing Partner					
Full Name (Last name first, if ir	ndividual)									
Baldwin, Michael										
Business or Residence Address	(Number and Stree	t, City, State, Zip Code)								
3 Barnabas Road, Marion,	Massachusetts	02738								
Check Box(es) that Apply:	Promoter	Beneficial Owner	X Executive Officer	Director	General and/or					
					Managing Partner					
Full Name (Last name first, if ir	dividual)									
Barrett, David A.	idividual)									
Business or Residence Address	(Number and Stree	t, City, State, Zip Code)								
3 Barnabas Road, Marion,	•	•								
Chaols Day(as) that Apply	Promoter	Beneficial Owner	Executive Officer	Director	General and/or					
Check Box(es) that Apply:	Fromoter	Beneficial Owner	Executive Officer	Director	Managing Partner					
Full Name (Last name first, if ir	idividuai)									
Business or Residence Address	(Number and Stree	t City State Zin Code)								
Data to the state of the state of	(Trumber and Siree	n, eng, bane, hip code)								
Clark Bar () d () d										
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
										
Full Name (Last name first, if ir	ndividual)									
Business or Residence Address	(Number and Stree	t, City, State, Zip Code)								
		<u> </u>								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or					
	· · · · · · · · · · · · · · · · · · ·				Managing Partner					
Full Name (Last name first, if in	ndivi d ual)									
Business or Residence Address	(Number and Stree	t, City, State, Zip Code)								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or					
					Managing Partner					
Full Name (Last name first, if individual)										
Business or Residence Address (Number and Street, City, State, Zip Code)										
	(Use blank sheet, or copy and use additional copies of this sheet as necessary.)									

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				-	B.	INFORM	ATION AB	OUT OFF	ERING ©					
									Yes	No				
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering									•••••••••••••••••••••••••••••••••••••••		X		
2.	What is the m		• •		,	•							\$	100,000
2.	What is the m	immum m	vestment in	at will be ac	серіва по	m any mon	nduai7		***************		*		Yes	No
3.	Does the offering permit joint ownership of a single unit?											X		
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar to the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar to the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar to the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar to the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar to the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar to the contract of t													
remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more														
	than five (5) p dealer only.	persons to l	oe listed are	e associated	persons o	f such a bro	oker or deal	ler, you ma	y set forth t	he informa	tion for tha	t broker or		
Full	Name (Last na	me first if	individual)											
Non		ine msi, n	marviduari											
Busi	ness or Resider	nce Addres	s (Number	and Street,	City, State,	Zip Code)								
Non	ne of Associated	d Droker or	Doolon											
ivaii	e of Associated	I DIOKEI UI	Dealer											
State	es in Which Per	rson Listed	Has Solicit	ed or Intend	ls to Solici	t Purchaser	s							
	(Check "All S	tates" or ch	eck individ	lual States).								••••••	All Sta	tes
	[AL]	[AK]	[AZ]	[AR]	[CA]	[co]	[CT]	[DE]	[DC]	[FL]	[GA]	[ні]	[ID]	
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
	[RI]	[sc]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[wv]	[WI]	[WY]	[PR]	
Full	Name (Last na	me first, if	individual)											
Busi	ness or Resider	nce Addres	s (Number	and Street,	City, State,	Zip Code)								***
Nan	ne of Associated	1 Broker or	Dealer	<u> </u>									<u> </u>	
State	es in Which Per	rson Listed	Has Solicit	ed or Intend	ds to Solici	t Purchaser	s							
	(Check "All S	tates" or ch	eck individ	lual States).									All Sta	tes
	[AL]	[AK]	[AZ]	[AR]	[CA]	[co]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
Full	[RI] Name (Last na	[SC]	[SD] individual)	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[wv]	[w1]	[WY]	[PR]	
Busi	ness or Resider	nce Addres	s (Number	and Street,	City, State,	Zip Code)								
Nam	ne of Associated	d Broker or	Dealer											.,
State	es in Which Per													
	(Check "All S	tates" or ch	eck individ	lual States).									All Sta	tes
	[AL]	[AK]	[AZ]	[AR]	[CA]	[co]	[CT]	[DE]	[DC]	[FL]	[GA]	[ні]	[ID]	_
	[17]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[wv]	[WI]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
		Aggregate		Amount Already
	Type of Security	Offering Price		Sold
	Debt\$	0.00	\$	0.00
	Equity\$	0.00	\$	0.00
	Common Preferred			
	Convertible Securities (including warrants)	0.00	. \$	0.00
	Partnership Interests	451,000.00	. \$	451,000.00
	Other (Specify)\$	0.00	. \$	0.00
	Total\$	451,000.00	\$	451,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	N. de		Aggregate
		Number Investors		Dollar Amount of Purchases
	Accredited Investors	4	\$	451,000.00
	Non-accredited Investors	0	\$	0.00
	Total (for filings under Rule 504 only)		·	
	Answer also in Appendix, Column 4, if filing under ULOE		•	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C—Question 1.		N/A	
	Type of offering	Type of Security		Dollar Amount Sold
	Rule 505		. \$.	
	Regulation A		. \$.	· · · · · · · · · · · · · · · · · · ·
	Rule 504		\$	
	Total		\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		s	0.00
	Printing and Engraving Costs		s	0.00
	Legal Fees		\mathbf{x} s	2,700.00
	Accounting Fees		s	0.00
	Engineering Fees			0.00
	Sales Commissions (specify finders' fees separately)		\$	0.00
	Other Expenses (identify) Blue Sky filing fees		s	850.00
	Total		<u>x</u>] \$	3,550.00

1.

V	& C.: OFFERING P	RICE, NUMBER OF INVES	TORS, EXPENSE	ES AI	ND USE C	F PROCEEDS			
b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."									447,450.00
5.	Indicate below the amount of the adjusted greach of the purposes shown. If the amount for the box to the left of the estimate. The to proceeds to the issuer set forth in response to	or any purpose is not known, fu tal of the payments listed mu	rnish an estimate ar	nd ch	eck				
						ayments to Officers, irrectors &			Payments To
	Salaries and fees	•		\Box	\$	Affiliates 0.00		\$	Others 0.00
				믐			닉	Ð	
	Purchase of real estate			님	\$	0.00	片	\$.	0.00
	Purchase, rental or leasing and installati	on of machinery and equipmen	t	닖	\$	0.00	닏	\$.	0.00
	Construction or leasing of plant building	gs and facilities		Ш	\$	0.00		\$.	0.00
	Acquisition of other businesses (includi offering that may be used in exchange f issuer pursuant to a merger)	or the assets or securities of and	other		\$	0.00	Г	s	0.00
	Repayment of indebtedness			\exists	\$	0.00	一	\$	0.00
	Working capital			H	\$ \$	0.00	\mathbf{x}	ς.	0.00
	Other (specify) Investment in S			L	Ψ	0.00	ı	٠.	0.00
	The state of the s								
					\$	0.00		\$	447,450.00
Column Totals \$ 0.00								\$	447,450.00
	Total Payments Listed (column totals ac				<u>X</u>	\$	447,450	.00	
76%		D. FEDERA	L SIGNATURE					4, 38	
an	e issuer has duly caused this notice to be signed undertaking by the issuer to furnish to the U.S non-accredited investor pursuant to paragraph	. Securities and Exchange Con							
Issu	er (Print or Type)	Signature A	A			-	Date		
	calibur Investment Partners Limited	Manuel	Hane				July 2	2,-2	2005
	nbility Partnership ne of Signer (Print or Type)	Title of Signer (Print or Ty		<u> </u>			1		·····
	vid A. Barrett	Initial Partner	r • /						
Da	viu A. Daireu	Initial Farther							

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)